

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10807429

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
201														
202									51					
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47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.									TOTAL IND.					
TOTAL DEP.									TOTAL DEP.					
TOTAL CLAIMS									TOTAL CLAIMS					